

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION Professional Certification
OLD CAPITOL BUILDING, PO BOX 47200 OLYMPIA WA 98504-7200 (360) 725-6400 TTY (360) 664-3631 Web Site: http://www.k12.wa.us/cert/

E-Mail: cert@k12.wa.us

PREREQUISITE EXPERIENCE FOR A PRINCIPAL'S CERTIFICATE

INSTRUCTIONS TO THE APPLICANT: Candidates applying for a residency principal's certificate must, as a condition for the issuance of such certificate, document three years of successful school-based experience in an instructional setting.

SECTION I	TO BE COMPLETED BY ALL APPLICANTS FOR A RESIDENCY PRINCIPAL CERTIFICATE:				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME	
2. ADDRESS				3. DATE OF BIRTH	
CITY/STATE/ZIP				4. SOCIAL SECURITY NO. (OPTIONAL)	
5. TELEPHONE: BUSINESS ()	HOME ()	6. E-MAIL	

Based on personnel records, this statement MUST be prepared and signed by the superintendent or the personnel director of the school district or private school. Stamped signatures MUST be initialed by the individual using the stamp. Please return the completed form directly to the applicant.

SECTION II

TO BE COMPLETED BY EMPLOYER, OR HIS/HER DESIGNEE, WHERE APPLICANT WAS EMPLOYED IN AN INSTRUCTIONAL SETTING					
SCHOOL DISTRICT	FROM	то			
ADDRESS	PRINTED NAME				
CITY/STATE/ZIP	TITLE				
SIGNATURE	DATE	TELEPHONE ()			

RETURN COMPLETED FORM TO APPLICANT

APPLICANT: INCLUDE THIS COMPLETED FORM WITH YOUR OTHER APPLICATION FORMS. RETURN ALL APPLICATION FORMS TO THE INSTITUTION/ORGANIZATION WHERE YOU ARE COMPLETING YOUR ADMINISTRATIVE PROGRAM.